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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/821,021
	Filing Date	April 07, 2004
	First Named Inventor	Allen et al.
	Art Unit	1615
	Examiner Name	Kishore, Gollamudi S.
	Attorney Docket Number	55325-8148.US07

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The client has requested that this case be transferred to the Assignee

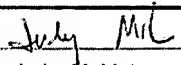
### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

☒ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address			
City	State	Zip	
Country			
Telephone	Email		
Signature			
Name	Judy M. Mohr	Registration No.	38,563
Date	May 1, 2008	Telephone No.	650-838-4402

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.